mission has been appointed, organized and is now functioning.

At the beginning of its work, the Commission will undoubtedly lean heavily on the enormous amount of relevant and already codified data accumulated by the still-functioning C.M.A.-C.P.S. Study Committee. But, to serve its highest purpose, the Commission must distill from this data good answers to the question of what role the medical profession should and must play in the broad socioeconomic field of health insurance.

May we hope, or perhaps might we better pray, that the Medical Services Commission will measure up to its opportunities and its responsibilities—the manner and degree of their fulfillment may well shape in large part the future of the private practice of medicine.

MEDICAL SERVICES COMMISSION

The members of the Medical Services Commission, recently appointed in compliance with a resolution passed by the House of Delegates, are:

		Term Expires
LESLIE MAGOON, M.D., chairman	San Jose	1955
RALPH TEALL, M.D., vice-chairman	Sacramento	1955
HOLLIS L. CAREY, M.D.	Gridley	1955
HENRY GIBBONS III, M.D., secretary	San Francisco	1954
EDWARD C. ROSENOW, M.D.	Pasadena	1954
H. GORDON MACLEAN, M.D.	Oakland	1954
E. R. LAMBERTSON, M.D.	Los Angeles	1953
JAMES B. IRWIN, M.D.	San Diego	1953
E. ERIC LARSON, M.D.	Los Angeles	1953

LETTERS to the Editor . . .

I AM WRITING YOU with reference to the article "Relationship of Delivery Date to Predicted Date," by Dr. Edward Liston, CALIFORNIA MEDICINE, 76: 395, June 1952. I feel that Dr. Liston's conclusion, "the data confirm a clinical impression that delivery is twice as likely to be late as early," is a rather devious statement of the facts he observed. It would seem more fair to state that the prediction of delivery date as 280 days after the first day of the last menstrual period was in error, and that the date should be chosen as either 283 or 284 days. In this case, the median point of the data would be more exactly expressed. In view of the common tendency of humans to be impatient, I suppose it would be better to use 284 days so that a few more people would deliver early than late. Judging by the slight irregularities in the data submitted, I would think that 1300 consecutive deliveries are probably too few on which to base such conclusion in any event, since a smooth curve of the normal distribution type would be expected. A series of perhaps ten times this number might give a better evaluation of the point Dr. Liston makes, although it may well be correct that a prediction of 280 days is too few for the average woman.

I am dropping this note to you in the interest of better statistical practice; I am sending Dr. Liston a copy, but whether you choose to publish it or not does not appear to me to be of any great importance.

LEWIS G. JACOBS, M.D.,
Oakland

IN REPLY to Dr. Lewis G. Jacobs' letter, I realize that the delivery dates of women in Palo Alto do not "prove" a universal rule valid, for example, in London or Shanghai. The figures I collected do what they were expected to do—confirm to my satisfaction a strong pre-existing clinical impression that more women deliver after the standard predicted date than before the standard predicted date which is accepted as 280 days after the first day of the last menstrual period.

If Dr. Jacobs wishes to change the standard prediction tables to a 284 day basis, I have no objection. The chart suggests, however, that 280 days is a good enough rule of thumb since it seems to be in the middle of the six-week period in which delivery usually takes place.

Dr. Jacobs writes, "in the interest of better statistical practice." After consulting an authority on statistics and forecasting, I find that no apology is necessary for my "statistical practice" in this instance. The data were taken at random; they were adequate in number; and they produced a sufficiently smooth curve. Dr. Jacobs makes the assumption that with ten times as many cases "a smooth curve of the normal distribution type would be expected." There is no statistical expectation that a bell curve, which applies to the distribution of purely chance characteristics, would necessarily apply to a natural phenomenon such as the onset of labor. Multiplying the cases by ten or by a hundred would not be likely to change the character of the skewed curve produced by 1,300 cases to a symmetrical bell curve or any other type of curve.

EDWARD LISTON, M.D.,
Palo Alto